

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014430

STATE FILE NUMBER

FILED APR 21 1959

Registration District No. 282

Primary Registration District No.

Registrar's No.

46

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville, Mo.</u>		c. CITY OR TOWN <u>Walnut Grove</u> <u>0390</u>	
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTE <u>George B. Smith Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Rena</u> Middle <u>Bell</u> Last <u>Lowery</u>		4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 5, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE (In years last birthday) <u>69</u>
11. BIRTHPLACE (City and state or country) <u>Greene County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Robertson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Dr. B.E. Lowery - Humansville, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Cardie Lowery</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4222</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Humansville, Mo.</u>	
21. I attended the deceased from <u>9/57</u> to <u>4/12/59</u> and last saw her alive on <u>4/12/59</u> Death occurred at <u>6:35 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R. G. Robinson</u> (Degree or title)	
22b. ADDRESS <u>Mid Humansville, Mo.</u>		22c. DATE SIGNED <u>4/12/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 15, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	23d. LOCATION (City, town, or county) (State) <u>Willard Rt. 1 Mo.</u>
24. FUNERAL DIRECTOR <u>J. W. Brink</u>	25. DATE RECD. BY LOCAL REG. <u>4-13-1959</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Bordenper Jewell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Richard E. Watts

Licensed Embalmer No. 4652  
P. O. Address Oak Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.